

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: MITCHELL MANOR (310620)

Address: 5301 W LINCOLN AVE, WEST ALLIS, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 01/01/1981

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095036 **End Date:** 05/18/2005 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009123 Served 06/16/2005

Deficiencies Cited

Subject Area

Compliance
Verified

Corrected

83.16(1)(h)1

PREPAID FEES RETURNED WITHIN 10 DAYS

83.19(1)(b)

TRANSFER OR DISCHARGE

83.33(2)(h)2

MEDICAL SERVICES DOCUMENTED IN RECORD

Survey ID: 0091671 **End Date:** 11/24/2003 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 06/14/2005 **SOD #**10009123 **Appealed:** No

Sanctions

FORFEITURE---83.33(2)(h)2

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Complaint History

Date Complaint Received: 12/20/2004

Date Investigation Completed: 05/18/2005

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED

SOD #

10009123

Date Complaint Received: 11/18/2004

Date Investigation Completed: 05/18/2005

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED

SOD #

10009123

Date Complaint Received: 10/06/2003

Date Investigation Completed: 11/24/2003

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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